

Burks

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Equity Group Eufaula Division, LLC c/o The Corporation Company 2000 Interstate Park Drive, Suite 204 Montgomery, Alabama 36109</p> | <p>A. Signature <input checked="" type="checkbox"/> Agent <i>X</i> <i>Lawson</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>12/12/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>2. Article Number (Transfer from service label) <i>2:06CV1081MEF (Chp 8mo 20 days)</i></p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7005 1820 0007 0822 0745</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-11-1540</p> | |